

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018182

AMENDED

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 65

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

FILED JUN 12 1961

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford township		Length of stay in 1b 1 wk.	c. CITY OR TOWN Elsberry
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln Memorial Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) S. Seventh St.
3. NAME OF DECEASED (Type or print) First Middle Last ROSIE VELT SEYMOUR			4. DATE OF DEATH Month Day Year June 23 1961
5. SEX female	6. COLOR OR RACE negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> but separated	8. DATE OF BIRTH Jan. 11, 1902
9. AGE (last birthday) 59		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) domestic		10b. KIND OF BUSINESS OR INDUSTRY private homes	11. BIRTHPLACE (City and state or country) RFD Foley, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Reuben Harvey	
13b. MOTHER'S MAIDEN NAME Rose Jake		14. NAME OF HUSBAND OR WIFE Herman Seymour	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address Edward Steele Elsberry, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UREMIA			INTERVAL BETWEEN ONSET AND DEATH ONE WK
DUE TO (b) ARTERIOLAR NEPHROSCLEROSIS			UNK
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) MALIGNANT HYPERTENSION			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from May 1, 1961 to JUNE 3, '61 and last saw her alive on JUNE 3, 1961 Death occurred at 12:20 P. in on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul Berry M.D. (Degree or title)		22b. ADDRESS Troy, Mo.	22c. DATE SIGNED 6/6/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-6-61	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) (State) Elsberry, Mo.
24. FUNERAL DIRECTOR O'Garlan Hicks	ADDRESS Elsberry, Mo.	25. DATE RECD. BY LOCAL REG. 6-8-1961	26. REGISTRAR'S SIGNATURE Charlotte Leek.

JUN 13 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph D. Marsh Sr.
Licensed Embalmer No. 3932
P. O. Address Troy, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.